



AUTHORIZATIONS

The AHCCCS Prior Authorization Unit does not authorize acute care services provided by Indian Health Service (IHS) and 638 tribal providers. Many ALTCS services do require authorization from the recipient's case manager. (See [Chapter 14, ALTCS Services](#)).

REFERRALS

AHCCCS recipients who are enrolled with IHS or 638 tribal providers may receive services from non-IHS/tribal AHCCCS fee-for-service providers if:

- ☒ The services are medically necessary and not available from IHS or the 638 tribal facility, and
- ☒ The provider obtains a referral from the IHS/tribal provider.

All referrals must be initiated and approved by IHS or the 638 tribal providers tribal facility. In addition, the non-IHS/tribal providers must obtain prior authorization from the AHCCCS PA Unit. Please see [Chapter 8, Authorizations/IHS Referrals](#), of the *AHCCCS Fee-For-Service Provider Manual*. The manual is available on the AHCCCS Web site at www.ahcccs.state.az.us.

A referral from IHS or a 638 tribal provider referral is required for **all** of the services listed below. Prior authorization must also be obtained from the AHCCCS PA unit unless otherwise noted.

- ☒ Elective (including urgent) inpatient hospital admissions
- ☒ Elective (including urgent) surgeries
 - ✓ The surgeon and the facility must obtain separate authorizations.
- ☒ Nursing home placement
- ☒ Non-emergent medically necessary transportation
 - ✓ Referrals for non-emergency transport are submitted to the AHCCCS PA Unit when requesting authorization and do not need to be submitted with the claim.
- ☒ Durable medical equipment/medical supplies
- ☒ Non-emergent dental services
 - ✓ Covered for EPSDT recipients only
 - ✓ PA is not required, but the IHS referral must accompany the claim
- ☒ Eyeglasses
 - ✓ Covered for EPSDT recipients only
 - ✓ PA is not required, but the IHS referral must accompany the claim



REFERRALS (CONT.)

Prior to or at the time services are rendered, the IHS/638 tribal providers tribal provider must supply the AHCCCS non-IHS/tribal provider with completed referral form containing:

- ☒ Recipient's name and AHCCCS ID number
- ☒ Name and address of referring provider and AHCCCS provider to whom recipient is being referred
- ☒ Date referred and explanation for referral, including diagnosis and reason for referral

Claims may be reviewed for medical necessity and compliance with AHCCCS rules, policies, and procedures. The submitted claim must be accompanied by the IHS referral unless noted.